

RECEIVED
CENTRAL FAX CENTER

AUG 30 2004

200 EAST BROWARD BOULEVARD
FORT LAUDERDALE, FLORIDA 33301(954) 527-6252
FAX: (954) 333-4252
ROBERT.SCHWARTZ@RUDEN.COMCertificate of Transmission under 37 CFR 1.8

Re: Applicant : Stacy KAUFMAN
Serial No. : 10/687,005
Filing Date : October 16, 2003
Title : VERIFICATION OF PRESCRIPTION
INFORMATION WITH DOUBLE SIDED
EXTENDED TAB LABEL AND METHOD OF
FORMING SAME
Art Unit : 3732
Atty Docket No.: 43089-0016

I hereby certify that the following Papers (15 Pages):

Certificate of Transmission (This Page)
Transmittal Form - 1 page
Preliminary Amendment - 13 pages

are being facsimile transmitted to the United States Patent and Trademark Office (Central Facsimile Number: 703-872-9306) in accordance with 37 CFR §1.8 on the date indicated below and addressed to:

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Freebourne/Vernice V. FreebourneAugust 30, 2004 /Date

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS ATTORNEY PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE (IF LONG DISTANCE, PLEASE CALL COLLECT) AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

FTL:1280473:1

PTO/SB/21 (02-04)

Approved for use through 07/31/2006, OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no burdens are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/687,005
Total Number of Pages in This Submission 15	Filing Date OCTOBER 16, 2003	First Named Inventor Stacy R. KAUFMAN
	Art Unit 3732	Examiner Name -
	Attorney Docket Number 43089-0016	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal Cover Sheet
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Robert M. Schwartz, Esq. Ruden, McClosky, Smith, Schuster & Russell, P.A.
Signature	
Date	August 30, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Vernice V. Freebourne
Signature	
	Date August 30, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Attorney Docket No. 43089-0016

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Stacy R. KAUFMAN

Serial No. : 10/687,005

Filing Date : October 16, 2003

Title : VERIFICATION OF PRESCRIPTION INFORMATION
WITH DOUBLE SIDE EXTENDED TAB LABEL AND
METHOD OF FORMING SAME

Art Unit : 3732

RECEIVED
CENTRAL FAX CENTERMail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AUG 30 2004

PRELIMINARY AMENDMENT

Sir:

In advance of the first Office Action, please amend the above-identified application as follows:

Amendments to the Specification begins on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begin on page 5 of this paper.

Remarks begin on page 9 of this paper.